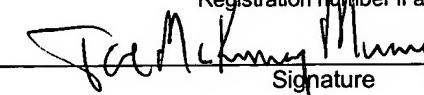


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> <b>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>		Docket Number (Optional) 0941-0418P	
Application Number <i>10/087,774-Conf. #8816</i>	Filed	March 5, 2002	
For OSD control method	<i>JUN 16 2006</i> APPS PATENT & TRADEMARK OFFICE		
Art Unit 2614	Examiner	B. P. Yenke	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,334</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 <u>Joe McKinney Muncy</u> <u>Signature</u> <u>Typed or printed name</u>			
<u>June 6, 2006</u> <u>Date</u> <u>(703) 205-8000</u> <u>Telephone Number</u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.	06/07/2006 JADDO1 00000048 10087774	120.00 OP
01 FC:1251			

**Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.**



JUN 06 2008

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

**For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)**

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

## **FEE CALCULATION**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## **2. EXCESS CLAIM FEES**

**Fee Description**

<u>Each claim over 20 (including Reissues)</u>	50	25
<u>Each independent claim over 3 (including Reissues)</u>	200	100
<u>Multiple dependent claims</u>	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
12	- 20 =	0	x	=
Fee (\$)	Fee Paid (\$)			

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

---

1 - 3 = 0 x \_\_\_\_\_ = \_\_\_\_\_

**3. APPLICATION SIZE FEE**  
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
 $\underline{\hspace{2cm}} - 100 = \underline{\hspace{2cm}}$  /50       $\underline{\hspace{2cm}}$  (round up to a whole number) x  $\underline{\hspace{2cm}}$  =  $\underline{\hspace{2cm}}$

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,334	Telephone	(703) 205-8000
Name (Print/Type)	Joe McKinney Muncy			Date	June 6, 2006